PTO/SB/06 (08-03)

OR

OR

OR OR

OR

OR

ADDI-TIONAL FEE

TOTAL ADO'L FEE

RATE

YOTAL ADD'L FEE

ADOI-TIONAL FEE

Under the Paperwork Raduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CNIB control number.									
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							191983521		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	FOR NUMBER FILED		HUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE D7 CFR 1.18(4)							OR		
TOTAL CLAIMS D7 CFR 1.18(d)	mines 20 =				X %*		OR	x 3	
DEDEPENDENT CLARAS D7 CFR 1.18(9)	minus 3 s	celous 3 4 °			× 4•		OR	X 3 •	
MULTIPLE DEPONDENT CLAIM PRESSENT (57 CFR 1.18(d))					+1 •		OR	••	
* If the difference in column 1 is less than zero, enter 'V' in column 2.					TOTAL		OR	TOTAL	
CLAIMS AG AMENDED - PART II 18-26-(Sharp 1) (Column 2) (Column 3)					SMALL ENTITY OR OTHER THAN SMALL ENTITY SMALL ENTITY				
	CLAIMS IEMAINING AFTER MENDMENT	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total ST OFF LINES O ST OFF L	20 Minus "	22	.0		x4		OR	x = X -	· 0
CI properties	Minus "	7	.0		z 4•		OR	** XIA	.0
RRST MESENTATION OF MALTIFLE DEPENDENT CLAIM (37 CFR 1.19(d)					+1		QR.	.29	9
· .				' '	TOTAL ADD'L FEE		OR	TOTAL ADDIL FEE	0
	Column 1)	(Cotumn 2)	(Column 3)				•		
	CLAIMS IEMAINING AFTER MEIOMENT	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
Total Cor Circle Cor C	1.5 Minus "	22	.0		× 2 =		OR	× -	
C Independent .	Minus "	7	. 0		x 8 e		OR	x 8 -	·
A STATE OF CONTATION OF MAINTENED PERSONAL CLAIM OF CAR 1 1861							~	· · Z	

COT CFE 1.164

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AMENDMENT

PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.1R(4))

CLAINS REMAINING AFTER AMENDMENT

FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM

(Cotumn 2)

HIGHEST NUMBER PREVIOUSLY

PAID FOR

* If the entry in column 1 is tess than the entry in column 2, write "O" in column 3.

** If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "20".

** If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "20".

** If the "Highest Number Previously Peid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.

This collection of information is required by 37 CTRR 1.16. The intomation is required to obtain or retain a benefit by the public which is to fife fand by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection in estimated to take 12 minutes to complete high the complete this term and application form to the USPTO. There will vary depending upon the includual case. Any comments on the amount of time you require to complete this form entities for requiring this burdon, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patants, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL ADD'L FEE

RATE

TOTAL ADD'L FEE

(Column 3)

PRESENT EXTRA

ÓT CFR 1.18(40)